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LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

TRAINING FOR TEACHING

DEAR MISS McISAAC: I am a registered nurse and since my graduation have been doing private nursing. However, I wish to fit myself for class work in training schools. Will you advise me through the *JOURNAL* what preparation you think advisable?

Pennsylvania.

B. W.

[To B. W., Pennsylvania: Responding to your request of recent date, I would refer you to the Department of Nursing and Health, Teachers' College, Columbia University, New York City, as the only place where a nurse may prepare herself to be a teacher of nurses. Miss Nutting is the Director, and her address may be found in the Official Directory of every *JOURNAL*.

ISABEL McISAAC.]

FROM CHINA

DEAR EDITOR: I have gone through a two-year course of language study and now intend to take up the work of training some Chinese women as nurses. I attended one major operation in a Chinese hospital in Hong Kong, which has an English head nurse, and it was just fine to see the way those Chinese nurses managed. The head nurse herself did the least, she let them do almost everything. This was very encouraging for it was a practical proof that they can be trained. I never saw any better-conducted operation, not even in the operating room of the New York City Hospital. I was very glad to get the convention number of the *JOURNAL*, and one article, "The Hospital Head Nurse," is very suitable for me at this juncture. Wishing you all successs in the coming year.

China.

A. J. R.

PRENATAL NURSING

DEAR EDITOR: I was very much interested in an article entitled "Prenatal Care of the Next Generation," which appeared in a recent issue of the *Survey* (Jan. 4, 1913), written by Mrs. Wm. Lowell Putman. Mrs. Putman tells of the work which was started as an experiment by the committee on infant social service of the Women's Municipal League, of Boston, in 1909. The results proved so satisfactory that last year the Boston Lying-In Hospital established a pre-natal clinic with a visiting nurse to carry on the work previously done for their house-patients, by the League. The Boston Board of Health also began in 1911 to send two nurses through the city to care for mothers and babies before as well as after birth. They have now increased the number to ten. This is a subject that I think all nurses and especially those engaged in social service work would be glad to hear about through the pages of the *JOURNAL*. I do not think it has been mentioned there up to this time. It opens up still another line of work

for nurses, and one that would be most interesting and rich in possibilities and opportunities, especially for the older nurses. I hope the nurses who are engaged in the work in Boston will favor us with an article in the near future.

Illinois.

A. A. N.

[In the May number of the JOURNAL Miss Foley will devote the pages of the Visiting Nurse Department to a survey of the work being done in this line in various places, and in the same issue we shall publish, if possible, a paper on "What One Association is Doing for its Mothers," by Francina Freese, of the Caroline Rest, Hartsdale, N. Y.—Ed.]

TUBERCULOSIS NURSING

DEAR EDITOR: I should very much like a few opinions from various nurses as to why so many of them object to doing tuberculosis nursing. During the past few months we have had occasion to send to various registries both here and in New York for nurses, and they ask whether there is any danger of getting infected and other ridiculous questions of the same import. It is true that caring for tuberculosis patients has its disagreeable side, but how many nurses object to cases of cancer or venereal disease which are found in other hospitals? I have been doing tuberculosis nursing for over a year and am sure that caring for these patients in open wards and shacks, with plenty of fresh air and sunshine, is far from being as dangerous as is caring for patients in comparatively closed wards, where there are generally patients who are more or less tubercular.

Connecticut.

E. F. G.

SOME OLD-TIME METHODS

DEAR EDITOR: I have just come from an obstetrical case where the physician was a man well along in years who has given up most of his practice, but my patient was one of his babies and he has watched her grow up. He was like her father, patient and encouraging! He was not very clean and looked shocked when he was about to tie the baby's cord and I offered him my sterile cord ties. He shook his head and pulled two pieces of common twine from the button hole of his vest and used them. I was as shocked as he, but said nothing and took occasion to soak the string thoroughly with bichloride, 1-5000, when I bathed the baby, and then dried it thoroughly before powdering and putting on the dressing. The doctor made no calls after the confinement, but marvelled that the patient had no rise of temperature and wanted me to take another case for him.

New York.

F. L.

HOSPITAL GOSSIP

DEAR EDITOR: I picked up a helpful idea from a pupil-nurse the other day. Her class has just organized and, recognizing the evil of hospital gossip, they have chosen a novel way of trying to suppress it. A little piece of wood, the size of a visiting card, on which is written, "Gabby, don't gossip," is quietly slipped into the hand of any class member who is overheard talking unkindly or disrespectfully of another, especially of the officers of the institution.